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19  
PRACTICAL REMARKS

HOSPITAL

LACERATIONS

## THE UTERUS AND VAGINA :

WITH CASES.

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Eas Feminas quæ adeo continuo a laborioso partu expirant, deliquiis animi, sudoribus frigidis, et funesta debilitate oppressæ, eas plerumque non adeo ab aliqua sanguinis magna profusione, quam, non adeo subitam mortem inferre crediderim (per tot alia in vulneratis experimenta) frequenter omnino ab utero rupto, occidi, mea nisi fallor, a vero non aliena suspicio est.

HALLERI OPUSCULA PATHOLOGICA.

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LONDON :

FOR LONGMAN, HURST, REES, ORME, AND BROWN ;

AND

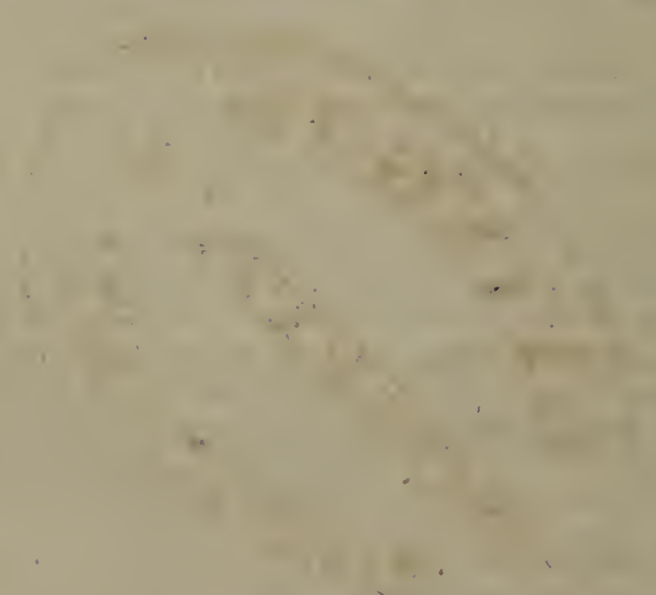
J. CUMMING, LOWER ORMOND-QUAY ; AND HODGES AND  
M'ARTHUR, COLLEGE-GREEN, DUBLIN.

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1824.



1911 JUL 10



## PRACTICAL REMARKS,

&c. &c.

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OF the many distressing accidents, to which the female sex are exposed during pregnancy and labour, a laceration of the Uterus and Vagina may be considered as by far the most formidable.

In cases of hæmorrhage, convulsions, &c. however alarming in appearance, the practitioner frequently has it in his power, by judicious and well regulated efforts, to rescue the parent as well as her offspring from impending danger; but in ruptures of the Uterus, whether occasioned by the inordinate action of that organ, or by external violence, the lives of both are almost uniformly forfeited.

Although females of every rank and condition in life are more or less exposed to injuries of this



description, still there are some reasons for supposing, that they occur much more frequently among those of the inferior class. Thus, of 8,600 patients delivered in the Lying-in-Hospital of this city, during the years 1819-20, and 21, there occurred twenty cases of ruptured Uteri;\* being in the proportion of one to four hundred and thirty.† Now it is well known that many practitioners, extensively engaged in midwifery, have passed through a long professional life without having met more than two or three instances, at furthest, of this accident; a circumstance which could hardly have happened, were all classes of females equally predisposed to its occurrence. Dr. Willan, in a note prefixed to his interesting Report on the Diseases of London, states, that a physician of eminence, in attending 2,982 ladies from the year 1776 to 1800, inclusive, lost thirty patients, one of whom only, died in consequence of a laceration of the Uterus; and from conversations which I have held on the subject with practitioners of many years' standing in this city, I am inclined to think that this may be looked on as the fair average proportion among females in the better ranks.

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\* Several of these patients had the Uterus ruptured before coming into the hospital, while others were admitted after having suffered severely from previous mismanagement.

† Mr. Burns makes the proportion one in 940 cases.

Should further observations tend to support this conjecture, it will, I conceive, admit of explanation on the following principles.—In the first place, females in the lower walks of life are, from their occupations, habits, &c. much more exposed to falls, bruises, and other accidental injuries during pregnancy, in consequence of which, the Uterus may be either ruptured at the time they have sustained the violence, or may be so weakened in structure at some particular point, as readily to give way during its efforts to accomplish delivery. Secondly, from inattention during infancy and childhood; from poor, spare diet; from confinement in a close, impure atmosphere; and a variety of causes, they are more subject to Rachitis, a disease which is well known in many instances to lay the foundation for a deformed condition of the bones which constitute the pelvis, thus proving a source of tedious and of difficult labours at an after period of life. Lastly, they are more liable to fall into the hands of ignorant, inexperienced midwives, who not unfrequently, with the view of expediting the process of delivery, rupture the membranes at an early period of the labour, in consequence of which, the firm unyielding head of the child is prematurely brought in contact with the passages, exciting by its pressure, swelling, inflammation, and an interrupted state of the circulation in the Uterus and adjacent parts. In such a case should



there, unfortunately, exist any disproportion between the parts of the mother, and the head of the infant, or should proper measures not be employed to obviate distressing symptoms, and that the labour pains continue to recur with extreme violence, there is great risk of the Uterus giving way, the laceration being of course most likely to occur at that part where the greatest pressure has been sustained.

The sex of the infant, it would appear, may also have some share in occasioning this very distressing occurrence. Thus, of the twenty patients to whom I have already alluded, there were delivered of boys fifteen,\* of girls five, a circumstance for which I conceive the experiments of Dr. Clarke of this city afford a satisfactory explanation. Dr. C. (in his second letter to Dr. Price) informs us, that, having measured the heads of sixty male

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\* Two of those were *first* cases.

<i>Number of Pregnancies.</i>	<i>Number of hours in Labour.</i>
Four had two children.	Three were twelve hours.
Five had three.	Three were twenty-four
Four had six.	hours.
Two had seven.	Nine were thirty-six hours.
Two had eight.	Two were forty-eight hours.
One had nine.	

In one case the arm presented, in all the rest the presentation was natural.

and sixty female children, born at the natural period, he found that the circumference in the males was, on an average, fourteen inches, while in the females it was only thirteen five-eighth inches; and the arch from ear to ear over the crown seven one-fourth inches in the males, and only seven one-fifth in the females. Further, of 120 children examined there were only six in whom the circumference of the head exceeded fourteen one-half inches, and these six Dr. Clarke found were all males.

To some this difference may appear inconsiderable, and of little importance in a practical point of view, but in cases of difficult parturition from a distorted condition of the pelvis, even the twentieth part of an inch may materially influence the result both to mother and child. Dr. Hamilton, the present Professor of Midwifery in the University of Edinburgh, was accustomed to illustrate this point in a familiar, but satisfactory manner, by placing a common towel over the head of a foetus of the ordinary size, when it was found altogether impossible to force it through the cavity of the pelvis; although previous to this slight addition to its bulk, its passage was not attended with the slightest difficulty.

I may further observe, that it is owing to this



cause, namely, the difference in circumference between the male and female head, that a greater number of males than of females come into the world still-born,\* and that in those very unpleasant cases in which we are obliged to have recourse to the formidable expedient of perforating the infant's head in order to save the mother's life, the greater number of the children will be found to be of the male sex.†

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\* During the years 1819 and 20 there were delivered in the Lying-in-Hospital of this city, 5,727 children, of whom 516 were still-born; of these 311 were boys, 205 were girls; 165 were born in a putrid condition, of whom 95 were boys, 70 were girls. From this it would appear, as has been observed by Dr. Clarke, that male children, independent of the greater risk to which they are exposed in their passage through the pelvis, are also more apt to be blighted in utero, either from diseases affecting the general health of the parent, as for instance, Syphilis, or from a morbid condition of the uterine system itself.

† Of 57 cases in which the crotchet was employed, during my assistantship to the Lying-in-Hospital, 43 were delivered of boys, 14 of girls; of those who had boys 3 of the mothers died, of those delivered of girls none died.

*Of the entire 57,*

Thirty-eight were first cases.	One had six.
Seven had two children.	One had seven.
Five had four.	Two had eight.
Two had five.	One had twelve.



## SYMPTOMS OF A RUPTURE OF THE UTERUS.

WHEN the Uterus gives way spontaneously, that is in consequence of its own inordinate action, the following is, in general, the history of the case. The patient, who, in all probability, has had a succession of tedious and of difficult labours, after encountering for many hours, perhaps for days together, sufferings of the most acute and harassing description, and at a time when her anxious friends and attendants are impatiently looking forward to the happy moment which is to free her from her misery, and render her a joyful parent, is suddenly attacked with an agonizing, crampish pain, referable to some particular spot in the abdomen; during the intensity of which she exclaims, that something has given way within her; she becomes sick, vomits a little, and complains of the child having risen to her stomach. Her pains cease, or are altered in character; she looks pale and ghastly, her countenance expressing great mental and bodily distress; she writhes and twists, with the severity of her torture,\* the hand

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\* Occasionally, however, the patient lies perfectly quiet on her back, with the knees drawn up; in this position the abdominal muscles are relaxed, by which the pressure on the lacerated part is, to a certain extent, diminished.

being applied to that part which she describes as the principal seat of it; she sighs often; complains of stitches about the heart; gazes wildly and anxiously about her; has embarrassed breathing; and desires to be raised up in bed.

When these symptoms are present the experienced practitioner will feel but little hesitation in deciding on the nature of the case; but if in addition, we find that there has been some hæmorrhage from the Vagina, that the presenting part has receded, that the abdomen has become so exquisitely tender as to render the slightest pressure intolerable, having, at the same time, become more prominent, and of an irregular shape, and that some projecting part of the infant can be distinguished immediately under its parietes, the case no longer admits of the possibility of doubt.

We are not to expect, however, that in every instance the symptoms will be so obvious, or so well defined, as those I have stated. Thus, where the head is low down, firmly impacted in the pelvis, and that the injury is confined to the muscular substance of the Uterus,\* its peritoneal covering

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\* Much unnecessary discussion appears to me to have taken place as to the propriety of terming the Uterus a muscular organ. The principal difficulty consists in deciding, what is



continuing entire, we are deprived of several of the leading marks. In the first place, there will be no hæmorrhage *externally*, in consequence of the Vagina being blocked up; secondly, there will be no receding of the presenting part; and lastly, we will be unable accurately to distinguish any part of the infant immediately under the abdominal parietes.

I have said, that the labour pains either cease altogether,\* or become altered in character, from

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muscle?—If by a muscle, we mean a part capable of alternate elongation and contraction, then indeed is the Uterus a muscle, and one of the most powerful class: but if, on the other hand, the term is confined to parts, which, in addition to this contractile power, require a regular arrangement of bundles of fibres connected together by cellular tissue, the Uterus can no longer be considered as entitled to the appellation of a muscular organ.

\* The mere cessation of labour pains cannot, abstractedly considered, be looked on as any proof of the Uterus having given way. In many instances, particularly in cases of tedious labours, the pains appear to observe a kind of periodical remission, continuing vigorous for some hours, then going off, and again returning, perhaps with increased severity, until the entire process is completed. During those intervals of ease the patient often gets a refreshing sleep, and is able to take some mild nourishment, by which she is the better enabled to encounter the remainder of her sufferings; whereas, had they continued violent and unremitting the entire time, in



the time of the accident; in many cases however, they continue to recur with tolerable regularity, at least until such time as the Uterus has got completely shut of its contents; and on more than one occasion I have known the action of the Uterus to return with sufficient force to effect the expulsion of the child through the natural passages. The first case in which I had an opportunity of witnessing this circumstance, occurred to me, about two years ago, in the neighbourhood of Sandymount. The patient had been in labour several days, under the care of a midwife, when I was first called to her; the arm of the child protruded as far nearly as the axilla, beyond the external parts, and the Uterus was in close contact with the body of the child, the waters having been drained off for several hours. I determined on making a cautious attempt to turn the infant, and for this purpose introduced my hand slowly and gradually into the Vagina; at the posterior and upper part of which I discovered a large transverse rent, that communicated freely with the cavity of the abdomen.

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all probability her strength and spirits would have been completely exhausted. The Uterus also, being liable, like other muscles, to have its contractile powers impaired by long continued action, is thus allowed, as it were, to recruit itself, and to receive, what physiologists term, an increase of vital energy, before it is again called into action.

Being satisfied that any further attempts to get at the feet would only endanger an increase of the laceration, I resolved on perforating the thorax; a measure to which I was the more inclined, as the arm bore evident marks of putrefaction. Accordingly, having freely evacuated the contents of this cavity, as also those of the abdomen, I fixed the crotchet over the lumbar vertebræ as low down as possible, and in this way readily succeeded in bringing the breech and lower extremities into the world. The poor woman having now become extremely exhausted, I gave her some wine, and allowed her to rest a little before proceeding to the remainder of the operation. After about twenty minutes, however, to my great surprise, the Uterus began to act, and in a pain or two the entire body of the child was expelled; another pain followed, and with very trifling assistance indeed the entire process was completed. In a few hours after delivery she swelled up, was attacked with vomiting of a coffee-coloured fluid, and sunk rapidly. I was very anxious to have the body examined, but could not prevail on her friends to give their consent.

Some practitioners lay great stress on the shape and feel of the abdomen, in a case of ruptured Uterus: unless, however, when viewed in connexion with other symptoms, I am inclined to

think, that much reliance cannot be placed on either circumstance. Thus, the external form of the abdomen will vary considerably, according to the size of the woman, her degree of corpulency, the number of children she may have had, or that the Uterus should happen to contain at the time, and a variety of circumstances. Besides, that in those cases where the peritoneal covering of the Uterus and Vagina has escaped laceration, the abdomen will continue to preserve nearly the same external configuration which it had prior to the accident. And with regard to the feel of the parts, we know that, on some occasions, the Uterus has been found of so thin a texture, that the sutures of the infant's head could be readily traced through the abdominal parietes. A case of this description occurred to Professor Hamilton of Edinburgh, who was apprehensive, from the circumstance, that the Uterus had given way; in a few hours, however, the patient was delivered of twins, and had a favourable recovery.\*

Neither can the feeling of pain on pressure be altogether depended on. In some instances I have known the patient make little or no complaint when the hand was applied over the surface of the abdomen; besides, that in many cases of

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\* See "Hamilton's Select Cases in Midwifery."



tedious labour, particularly where there has been strong uterine action, with but little interruption, for several hours, pressure over the Uterus, or indeed on any part of the abdominal parietes, will not unfrequently occasion very considerable distress. Yet such patients have been afterwards delivered naturally, and have recovered without a single unpleasant symptom. The pain in this case is, in fact, analogous to what may be observed in other muscular parts that have suffered from spasm or violent exertion; as, for instance, in the *gastrocnemii* muscles after long walks.

Even the constitutional disturbance, I have on some occasions known to be so very trifling for many hours, nay even for some days, as to excite considerable doubts about the real nature of the case. A remarkable instance of this description I had an opportunity of witnessing, about two years since, at Mr. D——'s, Black-Rock. The patient, a florid, corpulent housekeeper, accustomed to live well, and exercise but little, had been in labour upwards of thirty hours, under the care of an experienced practitioner in the neighbourhood, when she was seized with several of the symptoms of ruptured Uterus, such as retrocession of the presenting part of the child, cessation of the proper labour pains, hæmorrhage from the Vagina, and great tenderness of the abdomen. I saw her in about two hours from the time of the

accident, and found her lying quite tranquil on her left side across the bed, as if waiting for the return of pains. Her countenance was natural; her pulse but little disturbed; she had no vomiting; no difficulty of breathing; and, in short, was to all appearance so well, that it was with considerable difficulty I could prevail on the people about her, to permit me to make an examination. On introducing my hand, however, into the Vagina, I found that the foetus and secundines had escaped altogether among the bowels, through an extensive transverse rent in the cervix uteri, opposite to the projection of the sacrum. I turned the child with great facility, and experienced but little difficulty until I came to the head, which I was obliged to perforate behind the ear, in consequence of some deformity in the bones of the pelvis. I employed all the force I thought justifiable for the purpose of completing the delivery, but in vain; and I am satisfied that had I continued my extracting efforts much longer, I should have separated the trunk from the head. This poor woman, notwithstanding all she suffered during the operation, made little or no complaint, until the evening of the following day, when she was seized with vomiting of a dark-coloured fluid, pain, soreness, and swelling of the belly; her stomach rejected every thing; and she died in about forty hours from the time of the accident. She was



the mother of six living children, with all of whom, I understand, she had severe protracted labours.

Further, on some occasions the Uterus has been known to give way during the very pain which effected the delivery of the child ; instances of which may be found, in the works of Crantz and Guillimeau. Under such circumstances, unless from the symptoms we are led to make a manual examination, the case, at least during the life-time of the patient, must be involved in considerable uncertainty.

And, finally, it has happened that a lying-in patient has been affected, and has ultimately expired, with several of the symptoms of a lacerated Uterus, although the substance of that organ has sustained no injury whatever. In this case, an extremely rare one, it must be admitted, the peritoneal covering of the Uterus gives way at some point or other, in consequence, I should presume, either of over-distension, or of previous disease in that membrane. The only case of this kind with which I am acquainted, is that recorded by the late Dr. John Clarke, in the third volume of the Transactions, for the Improvement of Medical and Surgical Knowledge. The patient, a young woman, aged between twenty and thirty, was taken ill of her first child about eight o'clock in the morning ; she continued in labour not more



than two hours, when she was seized with great pain in the belly, and nausea, but had no vomiting. Great irritability succeeded, with faintness, and excessive restlessness; and at half an hour past ten in the evening she died undelivered. A practitioner in midwifery was sent for, who delivered her of a dead child, without any difficulty, the membranes being entire. On the following day the cavity of the abdomen was examined, but no morbid appearance whatever was discovered in the viscera. The Uterus and Vagina, which, it was observed, formed one continuous canal, were found to have sustained no injury whatever, but on turning down the fundus uteri over the pubis, between forty and fifty transverse lacerations were discovered in the peritoneal covering of its posterior surface; none of which, observes Dr. Clarke, were in depth above the twentieth of an inch, and many were merely fissures in the membrane itself. The edges of the lacerations were thinly covered with flakes of coagulated blood, and about an ounce of this fluid was found in the fold of the peritoneum which dips down between the Uterus and Rectum.

From what I have stated in the preceding pages, we may perceive in what obscurity lacerations of the Uterus and Vagina are at times involved, and of course how necessary it is, before coming to any determinate conclusion, that a careful and accurate

inquiry should be made into the whole history of the case, not deciding hastily, or from individual symptoms, but after a minute and careful inquiry into every circumstance connected with the state of the patient. Such precautions will of course be doubly necessary where we have not been in attendance from the commencement, but are merely summoned to the patient from the emergency of the moment.

I have been induced to detail at some length the symptoms of a lacerated Uterus, from a conviction that in many instances, the little chance the patient has had of surviving this accident, has been altogether destroyed by the practitioner mistaking the true nature of the case. Thus, in the remarkable instance of Mrs. Wilkins, recorded by Mr. Goldson, in his ingenious Pamphlet on Lacerations of the Vagina, the child, from the cause I have stated, was allowed to remain nearly four and twenty hours pressing on the delicate irritable viscera, before assistance was given. Saviard, in his 25th Observation, p. 131, relates a nearly similar case, in which the infant having been for two days lodged among the bowels, the woman died undelivered. Nos. XI and XIII of Dr. Douglas's Collection of Cases, may be considered of the same description. And of the pernicious effects of procrastination, case No. VII affords a



useful and instructive instance. The patient had been in labour of her tenth child for some hours, when she was seized with anxiety and oppression about the præcordia, accompanied with nausea and vomiting. She complained of great tenderness of the Abdomen, with inability to rest on the right side; and though the child was no longer to be felt, *per vaginam*, yet in the umbilical region its limbs were plainly to be distinguished through the integuments. Under these circumstances Dr. William Hunter was called in; but from an unwillingness to interfere, the woman remained undelivered until the third day, when she complained of twitchings through the whole abdomen, and of great uneasiness from a lump in the belly, which moved from side to side, "seeming to burn, as it moved." The friends becoming impatient, Mr. Pinkstone, a practitioner of eminence, was joined in consultation; who insisted at all hazards on the patient being delivered. This advice was followed, and though there was some resistance from the *os tincæ* to the introduction of the hand, yet she bore the operation well, and no hæmorrhage ensued. After delivery she encountered a great variety of painful and impleasant symptoms, until the fourth week, when she ultimately began to mend; but becoming impatient at her slow recovery, she insisted on being removed into the country, where she was in a short time



attacked with nausea, and vomiting of a blackish coloured fluid, which soon terminated her existence. Now in this instance I cannot help stating my belief, that had the patient been delivered immediately after the nature of her situation had been ascertained, her chance of recovery would have been materially increased. Under all the disadvantages of her situation, we see what efforts nature made in her behalf,—efforts which, after all, might have ultimately proved successful, but for her own unwillingness to submit to proper restraint.

It is with great diffidence indeed I venture to offer any comment on an authority so weighty and so respectable as the late Dr. Wm. Hunter, a name which has shed such lustre on this department of the medical profession. We are to recollect, however, that notwithstanding the high estimation in which this great and amiable character was so deservedly held, he certainly was disposed to place too much reliance on the unassisted efforts of nature; and it is well known, that on many points of practice (of which I need only instance the management of the placenta) he had occasion to change his opinions at a more advanced period of his professional life.

Before concluding this part of my subject, it may not be superfluous to mention a circumstance

which I have known, on more than one occasion, to excite a good deal of uneasiness in the mind of the practitioner, particularly in cases of arm presentation, where considerable force had been employed in order to bring down the feet of the child. I allude to a firm fleshy ring, with irregular jagged edges, which may be felt on examining a patient a short time after the delivery of the infant and secundines, and giving very much the feel, particularly if we make a hasty examination, as if the Uterus were lacerated. By passing the finger, however, round the entire circumference of this fleshy margin, provided no laceration has taken place, we will find it arrested by the angle of junction which it forms with the Vagina. Whereas, should a rupture have really taken place, we will be able to feel either the naked surface of the peritonæum, or to pass our finger at once into the cavity of the abdomen. This fleshy ring is in fact nothing more than the mouth of the womb, which having dilated after the manner of a sphincter muscle, in order to allow the contents of the Uterus to escape, is again beginning to form and resume its original dimensions.



## TREATMENT OF A RUPTURE OF THE UTERUS.

ON the treatment to be adopted in a case of lacerated Uterus, I conceive it unnecessary to dwell at any great length, practitioners being now pretty generally agreed that immediate delivery affords the patient the best, if not the only chance of recovery. Indeed it is difficult to conceive what rational objection could ever have been made to this practice; above all, it is difficult to conceive how so sensible, judicious, and excellent a practitioner as the late Dr. Derman, should have been among the foremost of its opponents. Is it to be supposed that a female, with a large, lifeless mass, of eight or ten pounds weight, pressing on the tender, delicate vicera, should have a better chance of recovery than if such a source of irritation were removed? Must not its presence, allowing that the patient should survive its immediate effects, prove a perpetual source of inflammation, and its attendant train of evils—constant suppurations, wasting discharges, hectic fever, &c.?—Is it to be expected that a large lacerated wound, the most difficult of all wounds to be healed by what Surgeons term the first intention, should unite under circumstances so exceedingly unfavourable? Such expectations, in fact, besides being incon-



sistent with the established laws of the animal economy, are in direct opposition to the result of experience and to the dictates of common sense.

But it is asserted, instances are on record to prove that a female, under such circumstances, may not only recover the immediate effects of the injury, but that she may again become pregnant, and have a favourable delivery, while discharging by piecemeal, through various outlets, this putrid mass. Now, allowing the truth of these statements, although many of them, it must be admitted, rest on very questionable authority,\* to what conclusion do they lead? Merely, I conceive, to this:—that nature is at times capable of making the most astonishing efforts for the continuance of life, efforts which not even the most formidable difficulties and embarrassments thrown in her way can altogether prevent proving successful.†

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\* “ Instances where women have survived this accident, and have recovered, though the child was allowed to remain in the cavity of the belly, have been recorded, but their authenticity can only be believed by the credulous.”—*Hamilton's Cases*.

† Perhaps, after all, the most correct mode of viewing a subject of this kind, is to consider it in relation with others of equal importance; to compare it, for instance, with any of the leading operations in surgery, such as lithotomy; the re-

It is obvious, however, that such insulated cases, although they may inspire us with confidence in the wonderful resources of nature, cannot serve as our guide at the bed-side of the patient. Sound pathological principles, regulated by good sense, and the general result of experience, must in such a situation influence and regulate our decisions.

It has also been asserted by those who oppose the practice of immediate delivery, that in cases of extrauterine conception the patient frequently suffers so little inconvenience, that she is for a length of time in doubt, whether the foetus is really contained in the proper cavity or not. The analogy, however, by no means holds good. In the first place, a woman in this situation carries about her, at least

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sult of which, even in the hands of the most expert operator, must be considered as very precarious. Would it be thought advisable to object to this very serious and critical operation, because in a few rare and extraordinary instances the calculus has insinuated itself within the muscular fibres of the bladder, where becoming embedded, it has remained stationary for years, or to the operation for aneurism, because in a few cases of equally rare occurrence, nature has plugged up the sac with clots of blood, and has thus effected a radical cure of the disease. In ninety-nine cases out of a hundred, would not the patient in the one instance have expired from hæmorrhage, and in the other be worn down by pain and irritation, before efforts so unusual would be made for their relief?



until the termination of the ordinary duration of pregnancy, not a putrid, lifeless mass, but a living infant with a smooth investing membrane. Secondly, the viscera of the abdomen are slowly and gradually habituated to the presence of the foreign body. And lastly, the case is not complicated with a serious and alarming injury, consequently the powers of the constitution are as it were centered in one simple, undivided effort, either that of getting shut of the fœtus altogether by various outlets, or of enclosing it in a crustaceous covering, by which its decomposition is retarded, or altogether prevented.

To argue the propriety of this practice at greater length would exceed the limits I have proposed to myself in this essay, and would moreover, I conceive, be altogether unnecessary, the sensible and judicious remarks of Dr. Douglas, in his excellent pamphlet on this subject, having satisfactorily proved, "that if the expedient of immediate delivery has failed to preserve life, it has at all events superseded no mode of practice which promised a chance of safety to the patient."

There is one point, however, about which there still exists some difference of opinion even among the best informed and most experienced practitioners, I allude to those very unfortunate cases in



which the Uterus bursts, and the child escapes among the bowels, prior to the dilatation of the mouth of the womb and external parts. Should we, in such a case, persevere in our efforts to dilate the os uteri, and thus deliver by the natural passages, or would we afford the patient a better chance of surviving the accident, by cutting through the parietes of the abdomen, and extract the infant by what has been termed, the spurious Cæsarian Section.—This is undoubtedly a point of much difficulty, and one that requires the most mature and serious deliberation; at the same time I may observe that the general impression amongst the most intelligent physicians and surgeons in this city, is decidedly in favour of the latter proposal. And indeed when we take into account the dangers attendant on a forcible dilatation of the passages, such a preference must at once appear both rational and just. “To dilate the os uteri forcibly,” observes Mr. Burns,\* “and thus to extract the child, is a proposal so rash and so hazardous, that I know of none in the present day who would adopt it.” Instances have occurred, in fact, in which the whole body of the Uterus has been torn from the Vagina by violent attempts at dilatation. Such, it is likely, was the cause of death in many of the cases alluded to by Peu and Mauriceau, although

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\* See Burns' Midwifery, p. 243.

these writers do not appear to have been altogether aware of the circumstance. The former, in his *Pratique des Accouchemens*, tells us “that the patient must inevitably perish, if much force has been employed in the dilatation of the Uterus:” and the latter, in his 49th Aphorism, informs us “that in those cases of uterine hæmorrhage where it becomes necessary to hasten delivery for the purpose of saving the woman’s life, and that on examination the os uteri is found *thick* and *rigid*, the patient will in general die; but that if we find it thin and dilatable, she will have a better chance of recovery.”—Now it is, I conceive, by no means improbable that in several of these cases the patients died, not from the mere loss of blood, but in consequence of the violence done to the Uterus. It is obvious, from the rigid, unyielding state of the passages described by Mauriceau in this Aphorism, that there must have existed considerable contractile power in the Uterus, a circumstance which would, in the majority of instances, have prevented the hæmorrhage proceeding to such an extent as to endanger the life of the patient.

Further I may remark, there are a few well authenticated cases on record, where the expedient of cutting into the abdomen has been attended with the most satisfactory result; whereas there is no instance whatever of recovery after a



violent and forcible dilatation of the passages. In the third volume of the *Journal de Medecin* for 1768, a case is recorded by Mons. Thibaud des Bois, in which this operation was successfully performed several hours after the Uterus gave way, although too late to save the infant. The woman, he informs us, recovered perfectly, and suffered little more than she would have done after an ordinary delivery. M. Lassus, also, in his *Pathologie Chirurgicale*, tom. ii. p. 237, relates the history of a case where this operation was twice had recourse to on the same individual, with complete success. As the case is very interesting, and bears directly on the point we have been discussing, I may here mention a few of the particulars.

A young woman of robust constitution, and pregnant for the fourth time, was seized with labour pains at the full period of uterogestation. One pain was so particularly severe as to occasion her to faint; immediately after which she had a discharge of blood from the Vagina: the pains ceased, the faintings became more frequent, the extremities cold, and the pulse agitated. Convinced that the Uterus was burst, and that delivery could not be effected in the natural way without endangering a further enlargement of the rupture, the operation of gastrotomy was performed eighteen hours after the accident, and in



six weeks the woman was able to attend to her ordinary duties. This woman again became pregnant, and on the 30th December, 1779, Mons. Lambron was a second time called to her assistance. When he arrived he found her with slight pains, the os uteri being sufficiently dilated to enable him to ascertain that the head presented favourably. In this state she continued for some time, when she was seized with a sharp pain, and the unfortunate woman announced, by the shrillness of her cry, that the Uterus was again burst. She fainted, and the pains became weaker. The head of the child receded, and could not be felt, even by carrying two fingers for some distance within the lips of the laceration. Gastrotomy was immediately had recourse to, and the child lived about half an hour. This operation terminated, as on a former occasion, in the complete recovery of the patient, who became pregnant for the third time, and was delivered naturally in August, 1781, of a healthy child, but of rather small size.

In the second volume of the Quarterly Journal of Foreign Medicine we find a case related, on the authority of M. M. Bernard Latouche and Jopet, in which a similar operation was performed with the most favourable result, although the infant and secundines had been lodged for a considerable number of hours among the bowels. The patient,

a feeble, delicate woman, was taken in labour of her fourth child, but had not been ill many hours when the Uterus suddenly gave way at its fundus, and the infant with the secundines passed into the abdominal cavity. The Cæsarian operation being considered the only resource, a consultation was held, but from the distance at which the members resided, it did not take place till twelve hours after the accident. An incision was made in the linea alba, about two inches below the navel and two above the pubis. The child was found among the bowels, surrounded by the waters of the amnion, mixed with a considerable quantity of bloody serum. The intestines were inflamed, and some parts of them were of a dark colour, in consequence, it is stated, of the pressure they had sustained. The edges of the wound were kept in perfect contact by a suture, two lateral compresses, and a bandage. Antiseptic drinks and injections with camphorated brandy were administered, together with fomentations of a similar nature, and in about seven weeks the woman was restored to perfect health.

However practitioners may differ in opinion, with regard to the management of those cases of lacerated Uterus in which the foetus and secundines have escaped altogether among the bowels, there exists but one opinion as to the propriety of



immediate delivery where the head of the infant remains impacted in the pelvis after this accident. Under such circumstances we employ either the forceps or perforator, according as the particular situation of the patient may require. Should we happen to be on the spot at the moment the Uterus gives way, and that we can pass our finger freely round the head of the child, the ears of which are at the same time readily to be felt, the forceps should undoubtedly receive a fair trial. In the majority of instances, however, the crotchet will be found a more eligible instrument. In the first place, as the accident is usually connected with some deformity of the pelvis, we will find it a difficult matter to apply the forceps without endangering a further extension of the laceration. Secondly, as the infant dies almost immediately after the accident, it is hardly advisable to make use of an instrument which it is obvious must add considerably to the sufferings of the patient; and lastly, the forceps, even when applied in the most accurate manner, are very liable to slip,\* in consequence of the want of resistance to the breech and extreme parts of the child. This deficiency of

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\* This happened in the case of Mrs. M'Kay, recorded by Dr. Hamilton, of Edinburgh:—"The child slipped back, and receded altogether among the bowels."—See *Hamilton's Select Cases in Midwifery*.



resistance may no doubt, to a certain extent, be supplied by making pressure on the abdomen; but in many instances so great is the torture the patient suffers, that even the slightest contact of the hand excites intolerable pain.

With regard to the perforator, I have only to observe, that in order as much as possible to guard against the retrocession of the head, the opening in the cranium should be made, not in the most prominent point of that cavity, as in ordinary cases, but rather to one side; so that the force employed in perforating may be directed, not towards the axis, but rather against the walls of the pelvis. I recollect on one occasion, where, in my hurry to deliver the patient, I omitted attending to this circumstance, in consequence of which the child receded into the cavity of the abdomen, where I was obliged to follow it, and deliver by the feet; an operation which, independent of the enlargement which it must have occasioned in the rent, put the patient to considerably more pain and distress than she would otherwise have had to encounter.

After the delivery of the infant the placenta will in general be found lying detached in the Vagina: having removed it, as also any loose clots of blood that may remain in the passages, we next examine whether any portion of intestine has be-

come protruded through the rent; and if so, we cautiously return it into the abdomen, following it with our fingers for some distance within the lips of the wound. The necessity of attending to this circumstance was early pointed out by the French practitioners, but has been particularly insisted on by Dr. Labatt, of this city, in a paper which he published on Ruptures of the Uterus, in the Dublin Medical and Physical Essays. The Doctor's attention was first directed to this very important point in consequence of having observed, that in several instances of lacerated Uterus, the patients were affected with symptoms very similar to those that occur in cases of strangulated hernia. And this view of the matter was shortly after fully confirmed by an interesting dissection of which he received an account from a practitioner residing in Clonmel, where on examination after death a loop of intestine was found in a strangulated condition between the lips of the wound. A similar circumstance, I may observe, occurred in a case communicated by M. Percy to the Academy of Surgery, in Paris.—“The hernia was not discovered until the opening of the body, the wound in which it was strangulated being scarcely discernible,\*

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\* “The rent in the Uterus contracts in proportion to the reduction in the volume of that viscus, so that at the end of two days the finger has hardly been able to penetrate where the whole child has escaped.”—*Baudeloque*.



though it had been prodigiously large before the contraction of the Uterus.”

This last point having received attention, we give the patient an opiate and a little wine, and direct her to be kept as quiet and as free from disturbance as possible. The after treatment consists for the most part in endeavouring to allay vomiting by means of the saline effervescing mixture, combined with small doses of the tincture of opium;\* in attending to the state of the abdomen, arresting the progress of inflammation by means of general blood-letting, or, what will in most instances be found to answer better, by the application of thirty or forty leeches to the belly; and lastly, in endeavouring to support the patient's strength by mild, nourishing diet. And here I may observe, that on no account should we discontinue or relax our efforts, however deplorable the case may appear: our exertions in fact should cease only with the patient's life, there being now several satisfactory and well authenticated instances on record, where, notwithstanding the most unpromising and alarming appearances, a complete and perfect recovery has taken place.

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\* On some occasions I have known the introduction of a pill of opium into the rectum succeed in allaying this irritable state of the stomach, when every other remedy has failed.

Should a female who has once had the good fortune to escape the dangers of a lacerated Uterus again become pregnant, and that we are summoned to her assistance before the rupture of the membranes, it would, I conceive, be a safe and wise precaution, as soon as the condition of the passages would allow of it, to introduce the hand into the Uterus, and bring down the feet of the child, provided of course that no part of the head has as yet become engaged in the pelvis. By proceeding in this way, we will be enabled gently to assist during every pain, and thus, as it were, save the Uterus the necessity of making such violent efforts to effect the delivery as it might otherwise be compelled to.\* In the celebrated case of Mrs. Manning, recorded by Dr. Douglas, this practice was adopted with the most favourable result; whereas in the instance related by M. Lassus, and of which I have given an abstract in the preceding pages, we find that a neglect of it was followed by a second laceration. I am aware how cautious we should be in deducing practical conclusions from

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\* It may perhaps appear inconsistent that I should recommend this practice, after the favourable termination of the case related in the following pages; but in this instance, the infant (besides being of the female sex) was considerably under the ordinary standard. Had she been pregnant of a full-grown male child, the consequences might have been very serious indeed.



data so very limited ; but in cases of rare and extraordinary occurrence, such an alternative becomes in some measure unavoidable.

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#### PORTENDING SYMPTOMS.

WHEN we consider the serious and fatal evils attendant on a case of lacerated Uterus, it becomes a matter of the utmost importance to ascertain whether there are any symptoms that would lead us to suspect its approach ; and if so, whether we are possessed of any means capable of averting so frightful a calamity. I am fully aware that the ordinary portending signs, laid down by writers on midwifery, are of a very uncertain, equivocal character, and will, of course, be found of but little benefit at the bed-side of the patient : at the same time I am satisfied that a few premonitory symptoms occasionally present themselves, on which some degree of reliance may be placed. Thus, if a patient who has had a succession of tedious and of difficult labours, bringing forth on some occasions dead children, and at another time requiring the use of the crotchet, should have, after the full dilatation of the passages and discharge of the waters, violent bearing down pains, with little or no intermission, constituting what the women term, not inaptly, *showers of pains*, without a cor-

responding advance of the infant ;—if she complains that her labour is centered in one particular spot, as the sacrum or pubis ;—if in the intervals of her pains she complains of a tight, crampish feel in the abdomen, accompanied with flushing of the face and great frequency of pulse ;—if she is very restless, and throws herself about the bed as if wild with agony, crying out that “she is ready to burst, if something be not done for her,” we then have reason to dread this accident, and should act with the utmost vigilance and precaution. Under these circumstances we should, in the first instance, take a large bleeding from the arm, with the view of moderating vascular action and of promoting a relaxed state of the passages ; after which an injection of starch and laudanum should be administered. But if, notwithstanding these measures, the pains still continue severe and unremitting, without any impression being made on the presenting part, artificial assistance, in some form or other, should not be long deferred. As to the particular kind of interference, much will of course depend on the particular circumstances of the case ; at the same time we should carefully bear in mind, that destructive instruments are upon no account to be employed, unless sanctioned by the approbation and advice of a second practitioner.\*

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\* This, of course, cannot apply to practitioners in the country, who are often so remote from professional aid as to render consultation impossible.



We must not, however, suffer the idea of a lacerated Uterus to haunt our imaginations in every case of laborious parturition. Were we to do so, we should, on many occasions, make an unnecessary sacrifice of the infant's life, and expose the parent to the infliction of some fatal or irreparable injury. If a patient in tedious labour is kept tranquil and cool, getting none but the lightest and mildest drinks;—if the bladder and rectum are attended to;—if we refrain from frequent examination, by which the parts are rendered hot and inflamed;—if we prevent her making premature efforts to bear down, by which her strength and spirits are exhausted;—but above all, if we avoid an early discharge of the waters, it is truly astonishing the length of time a woman will bear even the most vigorous and unremitting action of the Uterus.\* Frequently have I seen females forty, fifty, nay sixty hours, or more, in severe and almost uninterrupted labour, during which time they have taken no sustenance whatever except a little tea and plain gruel, with perhaps a small allowance of bread; yet, after all, by

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\* “Since it became usual to keep women in labour in a cool atmosphere, to prevent them making voluntary exertions during the dilatation of the os tinæ, and to support them by mild, instead of stimulating nourishment, the powers of the constitution fail but seldom in expelling the fœtus, when there is no material defect in the formation of the pelvis.”—*Dr. Clarke's Report of the Dublin Lying-in-Hospital.*

an attention to the circumstances already enumerated, have brought forth living children, and have recovered without a single bad or even unpleasant symptom.\*

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#### CASES OF RECOVERY.

INSTANCES of recovery from a Laceration of the Uterus, are, it must be allowed, an exceedingly rare occurrence : so hopeless indeed was this ac-

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\* In confirmation of what I have here asserted, the following brief outline of a few cases may perhaps prove interesting to the reader. They are extracted from the Ward-book of the Lying-in-Hospital of this city, for the year 1821.

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On the 21st of January, Anne Thomson was admitted into ward No. 7, in labour of her second child, and after sixty hours' severe labour, was delivered of a living boy. She left the hospital in perfect health on the 29th of the same month.

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April 31st, Mary Thredway, pregnant for the first time, was admitted into ward No. 11, and after forty-eight hours' hard labour, was delivered of a living female child, and left the hospital on the ninth day, free from ailment.

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Winifred Sullivan, admitted into ward No. 1 on the 16th of March, ill of her first child, and after seventy-two hours' severe labour, was delivered of a living boy. She was discharged in perfect health on the 3rd of the following month.



cident formerly considered, that the patient was usually abandoned to her fate; any interference in the way of delivery being considered as an unnecessary infliction of pain. Such despondency, however, we now know to have been, at least on many occasions, altogether unfounded; the modern records of medicine affording the most satisfactory evidence, that a patient, under those circumstances, may not only survive the immediate effects of the injury, but that she may again become pregnant, and bear living children without any unusual or untoward occurrence.

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Anne Nowlan, admitted into ward No. 2 on the 19th of April, after seventy hours' difficult labour, she was delivered of her second child, a living boy. She had a good recovery, and left the hospital on the 7th of May.

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Cath. Irwan, pregnant for the first time, came into ward No. 5 on the 18th of April, and after seventy-two hours' severe labour, gave birth to a living boy. She was able to return home on the eighth day.

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Anne Neary, admitted on the 13th of August into ward No. 12, ill of her fourth child, after sixty hours' tolerably hard labour, she was delivered of a living infant, and left the hospital well on the eighth day.

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Mary Hanlon, admitted into ward No. 11 on the 29th of September, and after being fifty-four hours ill, she was delivered of her first child, a living female. She was able to leave the hospital on the 8th day in perfect health.

Dr. Douglas, in his valuable Essay on Ruptures of the Uterus, has recorded the very remarkable case of Mrs. Elizabeth Manning; and Dr. Hamilton, of Edinburgh, in his Collection of Select Cases, relates a somewhat similar instance. Dr. Clarke, in his Report of the Dublin Lying-in-Hospital; Dr. Labatt, in the Dublin Medical Essays; and Dr. Frizelle, in the second volume of the Transactions of the Medical Association, have each recorded a case of complete and perfect recovery.\* To these I beg leave to add the two following, that first related being perhaps one of the

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Kitty Murphy, admitted into ward No. 5 on the 17th of April, in labour for the eighth time, after forty-eight hours' illness, she was delivered of twins, a boy and a girl. She left the hospital well on the 28th of November.

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Biddy Hoey, admitted into ward No. 11 on the 22nd of September, ill of her first child, after seventy-two hours' labour, she was delivered of a female infant, dead and putrid. This woman was rather advanced in years, and had been under care of a midwife twenty-four hours before admission. After delivery she had some soreness and swelling of the belly, which were relieved by leeches and purgatives; but on the entire she had a good recovery. She left the Hospital on the 3rd of October, free from ailment.

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\* Mr. Power, of London, has lately published a very satisfactory Case of Recovery in the 12th vol. (part ii.) of the Medico Chirurgical Transactions, to which publication I refer the reader for particulars.



most singular cases of the kind that has yet occurred: indeed I have reason to believe that a well authenticated instance of recovery under circumstances precisely similar is not on record.

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### CASE I.

A CASE OF RUPTURE OF THE VAGINA AND BLADDER,  
ACCOMPANIED WITH THE LOSS OF A CONSIDERABLE  
PORTION OF THE INTESTINAL CANAL. *Recovery*

M. M., a robust, healthy young woman, was taken ill of her second child\* on the evening of the 29th of July, 1820, and, after thirty hours' severe, unremitting labour, during which she complained of excruciating pain in the small of her back, the pains ceased, the abdomen became exquisitely tender, she vomited much, and her pulse was scarcely to be felt. These symptoms alarming the midwife who had charge of her, she determined on sending for further assistance: a medical gentleman, residing several miles off, was accordingly procured, who, finding her on his arrival excessively low and apparently in a dying state, determined, as the

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\* Several years have elapsed since she had her first child, of which I understand she was delivered by the crotchet, after having been three days in severe labour.

head was firmly impacted in the passages, to perforate the cranium, and terminate delivery by the crotchet. This operation occupied a considerable time, and was ultimately accomplished with much difficulty, partly owing to the very large size of the infant's head, but principally to a deficiency of room in the cavity of the pelvis. The placenta was removed with great facility, and, on introducing the hand into the Vagina, a rent was discovered high up at its posterior part, which extended round to the neck of the bladder, and communicated freely with that viscus. After delivery, feeling much oppressed and exhausted, she got some wine and an anodyne draught, which recruited her a good deal; the vomiting was relieved, and she had several hours' refreshing sleep. The following day she made little or no complaint, except of general weakness, and appeared to be going on in every respect as well as could be expected. In the afternoon, however, while one of the women about her was engaged in adjusting her bed, she observed a substance about six inches in length, and of a smooth, shining appearance, hanging from the external parts; but supposing that it was merely a portion of the membranes which had remained after the removal of the placenta, she contented herself with passing a portion of rag through the *loop* which it formed in its descent, hoping that in a few hours, at furthest,



the efforts of nature would prove sufficient for its removal. She had taken some purgative medicine at an early hour in the morning, which griped her a good deal, but had no effect whatever in procuring passage from the bowels.

Tuesday, August 1st. She made no complaint, unless of great tenderness in the passages; she had no vomiting or sickness of stomach, nor could I learn that she had any pain or tenderness whatever of the abdomen. Her bowels, however, notwithstanding the free and repeated use of purgative medicines and injections, continued obstinately costive from the time of delivery.

Wednesday, August 2nd. The attention of the people about her was this day again directed to the portion of membrane (as they conceived it) which had made its appearance the day after delivery, and as they became very uneasy at its not having come away, one of them determined on making some efforts for its removal. The gentlest and most cautious means were at first employed for this purpose, but not finding that they were likely to be attended with success, she incautiously pulled with increasing force, until at length the excessive sufferings of the patient forced her to desist. From this moment a train of the most formidable symptoms set in; the abdomen swelled up,

and became excessively painful, she had incessant vomiting with occasional hiccup, and complained much of a dragging, lacerating kind of pain in both iliac regions. In this state she continued, with but little variation of symptoms, until the Friday following, when I saw her for the first time. It would be difficult to conceive a more melancholy or distressing picture of human misery than she at this time presented: her belly was much swoln, and excessively painful; her stomach rejected even the mildest articles of diet; the bowels were still obstinately confined; she had a small, intermitting, and tremulous pulse, and her countenance was pallid and ghastly: in short, she had every appearance as if a few hours at furthest would put a period to her sufferings. On raising the bed-clothes for the purpose of inquiring into the precise state of matters, I found, in place of the alleged portion of membrane, near a yard and a half of her bowels coiled up under her, black and to all appearance putrid, while the cylinder of the intestine was in many parts so incomplete, that the finger could be passed freely up and down through the rents.

In this very melancholy state of affairs, it is hardly necessary to say that my prognosis of this poor woman's case was of the most alarming nature. To have attempted any thing in the way of



operation, under the present circumstances, would I conceived be not only impracticable, (owing to the exquisitely tender state of the passages,) but absolutely injurious, by destroying the only chance which I conceived she had of prolonged existence, that of having an artificial anus established in the Vagina.\* In fact it appeared to me, that except

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\* Gardien, the latest and most distinguished of the systematic French writers on midwifery, makes the following remarks on this melancholy and embarrassing combination of circumstances :—

“ Si cet accident arrive plus tard, la femme est perdue sans ressource si on ne peut plus porter la main dans la matrice pour réduire les intestins, dans le cas où les accidens qui seroient survenus dépendroient réellement de quelque portion d'intestins qui auroit pénétré dans la cavité de ce viscère. Pour pratiquer l'opération de Pigras, conseillée par M. Baudelocque, si l'abdomen n'est pas encore ouvert, il faudroit reconnoître, l'existence d'un étranglement d'intestin ; or, nous n'avons point de signes pour le reconnoître, comme l'observe M. Sabatier. Les hoquets, les nausées, les vomissemens qui surviendroient peuvent tenir uniquement à une fièvre puerpérale, ou inflammation du péritoine, à laquelle les diverses circonstances qui accompagnent la rupture de la matrice donnent souvent lieu : presque toujours les symptômes qui surviennent sont ceux d'une péritonite.

“ Le seul cas où il seroit rationnel de pratiquer la gastrotomie pour dégager les anses d'intestins étranglées, comme le conseilloit Pigras, seroit celui où, après avoir porté la main dans la matrice et avoir reconnu le présence des intestins dans ce viscère, on ne pourroit pas réussir à les réduire par cette voie.”—*Vide GARDIEN Traité complet d'Accouchemens*, tome iii. p. 107.

in the way of palliating distressing symptoms, little or nothing could be done for her ; and in this view of her case I was confirmed by the superior judgment of Dr. Labatt, at that time Master of the Lying-in-Hospital. The common saline mixture, with small doses of tincture of opium, was accordingly ordered, with the view of relieving the extremely irritable state of her stomach, and she was directed to take some *cold* chicken broth for her ordinary drink.\* A pill, consisting of three grains of calomel and half a grain of opium, was directed to be taken every four hours ; the abdomen was ordered to be well stuped, and she was allowed a little wine occasionally. On the following day I found the abdomen still greatly swelled, but thought it bore pressure with somewhat greater freedom ; the vomiting and hiccup continued incessant ; bowels obstinately confined ; the extremities were cold ; the face collapsed, and covered with a cold sweat. The protruded portion of intestine had a soft, doughy feel, was more shrivelled, and instead of being black and livid, as when I first saw it, was of a dirty ash-colour. The remedies already mentioned were directed to be continued, and in addition she was allowed, at her own earnest desire, a table-spoonful of barm occasionally.

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\* I have frequently known *cold* chicken broth remain on the stomach when every other article of diet has been rejected.



August 7th. As I was in daily, I might say hourly expectation of hearing of this poor woman's dissolution, it afforded me no small gratification and surprise to find, on visiting her this day, that the mortified portion of intestine had come away in the course of the preceding night, and that she had since been nearly altogether free from alarming and distressing symptoms.\* The vomiting and hiccup had ceased, her pulse was regular and of good strength, her countenance was much improved, and the abdomen less tender, though still much swelled. About an hour after the sphacelated piece of intestine became detached, she had a copious discharge of fœces by the Vagina, being the first alvine evacuation she had since delivery. The pills and cold chicken broth were directed to be continued, and her attendants were instructed to syringe the Vagina occasionally with a warm decoction of camomile flowers.

Friday, August 11th. Has been mending daily since last report: the tension and soreness of the abdomen are still further diminished, and the

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\* It measures precisely three feet eleven inches, and is at present in my possession: the members of the Medical Association of this city had an opportunity of inspecting it when I first gave notice of this remarkable case. There were present on that occasion, Dr. Clarke, senr., Dr. Clarke, junr., Doctor Crampton, Dr. Teeling, with several other leading members of the profession.

mammæ are now distended with milk ; pulse natural ; tongue clean ; expresses a desire for food. As the fœces and urine were both passed involuntarily per Vaginam, she was directed to wear a T bandage, with a large soft sponge to the external parts, for the purpose of absorbing the discharges ; a pint of porter, with a small quantity of wine, were allowed daily ; and a mild, nourishing diet, consisting for the most part of eggs, beef tea, and milk, was recommended.

September 4th. Abdomen still swelled and tender, particularly over the pubis and right iliac region :—countenance improved, has an abundant secretion of milk, and is gaining strength daily ; appetite very good ; she is able, however, to take but a small portion of food at a time, and, in about an hour after her meals, she again feels a return of hunger. The excrementitious matter voided by the Vagina is of a light yellowish colour, of fluid consistence, and is altogether free from the ordinary odour of fœces. From the date of this report her amendment, with but little interruption, continued progressive ; and in the course of a few weeks, through the indulgence of Dr. Labatt, she was accommodated with a bed for a few nights in the recovery ward of the Lying-in-Hospital, where she was seen by several eminent professional gentlemen, as also by the pupils of the house. She was at that time able to sit and walk about without



the slightest pain or uneasiness, and was in every respect as free from ailment as could well be expected, considering the loathsome and distressing infirmities under which she laboured.

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During the three years that have elapsed since the preceding statement was laid before the Profession,\* this patient has on several occasions applied to me for advice, and as her subsequent history presents some facts of an interesting nature both in a pathological and physiological point of view, I propose inserting here a brief account of her health up to the present period. And first, with regard to the state of her general health, it has, I may observe, become in every respect much amended: she has increased considerably in flesh, her complexion is more florid, and her bodily vigour so much improved, that she is now able to walk ten or a dozen of miles without inconvenience. The surface of the body has also become rounder, more convex, or, to use a common expression, more plump, evidently indicating the deposition of a considerable quantity of adipose matter under the integuments.† Her appetite;

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\* See "Transactions of the Medical Association," vol. II.

† This circumstance would appear to invalidate the theory advanced by Sir Everard Home, with regard to the formation of fat in the system. This indefatigable physiologist has

particularly for animal diet, continues much greater than it was previous to her confinement; she is still, however, unable to take so large a meal as she was formerly accustomed to do, although the aggregate quantity of her food is increased, she thinks, nearly one half. When questioned as to the particular articles of diet to which she gives a preference, she states that she feels most vigorous and most refreshed after those that remain longest with her; those are, broiled beef, white bread,\* and whole-flower cake, and that while living on food of this description she is sometimes an entire day without any fœcal discharge. Next to broiled beef

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endeavoured to prove that the fat of animals is produced in the large intestines (especially the colon) out of the residue of the food and the bile, and afterwards conveyed into the system by channels yet undiscovered, to contribute towards the common growth of the body. In this instance, however, the colon has been doomed to complete inactivity for more than two years, yet during this period the individual has become more corpulent, and presents the most satisfactory evidence that fat has been largely deposited on the surface.

\* This accords with the experiments lately made by M. M. Percy and Vauquelin on the relative proportions of nutriment in different articles of diet. The result of their inquiries is as follows:—In bread, every 100lbs. weight were found to contain 80lbs. of nutritious matter. Butcher's meat, averaging the various sorts, 35lbs. in the hundred. Greens and turnips furnished only 8lbs., and potatoes, 25lbs. in the hundred. Hence they conclude, that 1lb. of good bread is equal to 3lbs. of the best potatoes, and 75lbs. of bread and 30lbs. of meat, are equal to 300lbs. of potatoes.



she finds that roasted mutton agrees best, and after this, boiled veal. The lean of ham and bacon she can digest very well ; but the fat of every kind of meat occasions, even in the smallest quantity, oppression and sickness. Butter is also apt to disagree, except when taken in very small quantities. Salted and savoury food, together with condiments of every description, such as salt, pepper, &c., she is very partial to ; but finds that they aggravate her thirst, on which account she uses them very sparingly ; mustard and horse-radish, however, have not this effect. Animal broths she thinks, so far as she can judge by her feelings, do not afford her much nutriment, and are seldom retained longer than two or three hours at furthest ; but cheese, sweet milk, and eggs, agree remarkably well, and are generally retained from six to eight hours. Vegetable productions, of almost every description, but particularly turnips, cabbage, and potatoes, she is under the necessity of using with great caution ; she says they fill her with flatus, and that they pass off rapidly by the bowels in a half digested state ; but, what is somewhat singular, she states that ripe apples and parsnips\* are retained nearly as long as broiled beef and white bread.

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\* In the fattening of cattle and poultry, parsnips are much employed, and are found to afford more nutriment in a given

The demand for liquids is very great; so urgent in fact is her thirst, that, to use her own expression, "she would wish to drink all day long." The liquids that agree best are tea, milk, but above all, plain water. Spirits, porter, and beer, occasion, even in the smallest quantities, flatulence and acidity: they also, she thinks, increase considerably the urinary discharge, a circumstance which it is obvious, from the state of the bladder, must be productive of much inconvenience. As this woman's case was so peculiarly well calculated for ascertaining the relative nutrient properties of different articles of diet, I was anxious to follow up my inquiries on this interesting subject; but regret that her limited means of support, as well as her unwillingness to submit to such irksome experiments, have in a great measure defeated my intentions.\*

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bulk, than any other root or vegetable. In France they are employed with great advantage for this purpose. During the winter season hogs have no other food; and bullocks and oxen are found to thrive well on them. Cows fed with parsnips give more milk than with any other kind of fodder; and it yields more butter, and of a better quality, than the milk of cows nourished with any other substance. Horses also fatten on this food, although it is asserted by some that it renders them less mettlesome, and hurts their eyes.—See REES'S CYCLOPÆDIA, art. *Parsnips*.

\* The subject of nutrition has lately engaged the attention of Majendie, one of the most eminent physiologists of the present day; and as his views of this important subject have attracted much attention, it may not be irrelevant to notice them



For two years after her confinement she had no discharge whatever by the rectum, the residue of her food having been altogether voided by the artificial anus formed in the Vagina. About the end of this period, however, she was attacked with violent bearing down pains, as severe she thinks as those of labour, accompanied with tenesmus; and after suffering excessively for about half an hour, she discharged by the natural passage a large quantity of dark, pitchy-coloured fœces, about the consistence of balls of firm wax. The stools have since been occasionally discharged by both passages; the quantity, however, passed by the Vagina has been gradually diminishing for the last four or five months, and about six weeks ago, as I

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in this place. With the view of ascertaining the source whence animals derive the azot which enters so largely into their organization, he confined dogs to the use of pure water, oil, sugar, gum, and butter, but they all expired after some time, and, on opening their bodies, the muscles were found reduced to one-sixth of their bulk, the stomach and intestines were much contracted, and there was a total absence of adipose matter. Now, in those instances Majendie conceives that death was occasioned by the animal living on what he terms nonazotized substances, and hence concludes that azot is an indispensable constituent in the food of animals. Before, however, we adopt this conclusion, we should consider that whole nations subsist upon food which contains little, if any, of this substance. Thus the Hindoos live almost exclusively upon rice; the peasants of Lombardy, upon maize; and in this country the peasants live nearly altogether

shall have further occasion to observe, she perceived that the discharge by the birth had ceased altogether, and that the entire of the stools were passed by the natural route. It may be worth mentioning here, as it illustrates in a very satisfactory manner the influence of habit on our muscular organs, that for a considerable time after she had the first discharge by the rectum, she had no control whatever over the sphincter muscles. Latterly, however, they have recovered their proper healthy action, and she is now able to retain and discharge the fœces as well as at any former period of her life.

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upon potatoes. The slaves in the West Indies, Mr. Edwards informs us, uniformly get fat during the cane harvest; and the same has been observed among the Negroes of Senegal during the season for collecting gum.

That Majendie's experiments should have terminated in the manner he states, is, I think, not at all surprising: we know very well that any sudden change of an animal's diet, even though it be to one of a more nutritious quality, will materially affect its health, and, if persevered in, may ultimately occasion its death.

As to the source from whence animals derive the large supply of azot which enters into their composition, it is in all probability formed in the same manner as the phosphate of lime and other component parts of the system, namely, by the action of the secreting organs themselves. "All parts of our frame," observes Mr. Abernethy, "have been originally formed from vessels, why then may not the same agents form them anew, according as the wants of the system may require?" Chemistry, in fact, notwithstanding its present improved and highly cultivated state, has not yet been able precisely to determine what bodies are simple and what are not so;—such is



For more than eighteen months this woman menstruated regularly, and in sufficient quantity ; about the commencement, however, of the present year, her courses ceased, and she became affected with morning sickness, uneasiness about the mam-mæ, and other symptoms of pregnancy ; but being under an impression that she could never again become a mother, she attributed the derangement of her health to the afflicting infirmities under which she laboured ; until, at length, her increasing size and the feeling of the infant's motion,

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in all probability the case with azot. There is no absurdity in supposing that it may consist of elements with which, in their detached and insulated condition, we are as yet unacquainted, but which may readily enter into union during the endless round of combinations which takes place in that most complicated and mysterious laboratory, the human body. Further I may observe, the experiments of the latest and most eminent chemists afford additional confirmation of this view of the matter. Thus Berzelius and Pontine consider azot to be a metallic oxide ; and indeed from the amalgam which ammonia forms with mercury when exposed to the action of a voltaic battery, it is obvious that either this substance or hydrogen must be of a metallic nature. " Matter," observes Sir H. Davy, in speaking on this subject, " may ultimately be found to be the same in essence, differing only in the arrangements of its particles ; or two or three single substances may produce all the varieties of compound bodies. The results of our operations must be considered as approximations only to the true knowledge of things, and should never be exalted as a standard to estimate the resources of nature."

relieved her from all doubts on the subject. The process of gestation did not appear to make any material alteration in the state of her general health; after the third or fourth month the sickness of stomach subsided altogether, and her appetite resumed its accustomed keenness: on the condition of the fœcal discharge from the Vagina, however, its influence was decidedly beneficial,\* the quantity passed in this way diminishing gradually in proportion as the Uterus ascended in the abdomen.

As I was anxious that this poor woman, in whose case I now felt the deepest interest, should be in the way of procuring every assistance during her approaching confinement which skill and experience could afford, I arranged with her friends that she should take a lodging in town a short time before she expected to be taken ill. About the middle of October, however, her husband called on me one morning, to say that she had been unexpectedly seized with labour pains the preceding evening, and that before two hours had elapsed, she was safely delivered of a living female child of rather small size. The placenta came away in the ordinary time; and in short, as I afterwards learned from

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\* Probably by favouring the retraction of the two extremities of the gut within the abdominal cavity, and thus diminishing the angle at which they were united.



the midwife who attended her, there was no peculiarity whatever to be observed in her case, so far at least as the labour was concerned. I was not able to see her, as she resided some distance from town, until the second day after delivery, when I found her sitting up in bed, with her infant at her breast. She had at this time taken two doses of salts, which operated copiously; but to her great surprise, and we may well suppose, still greater gratification, she found that the discharge by the Vagina, which, as I have already mentioned, had been for some time gradually declining, had now ceased altogether, the entire of the stools having come away by the natural passage.\* She recovered from this confinement without a single unpleasant symptom, and in about three weeks she walked into town, to my house, for the purpose of procuring a nursing, on which occasion she was seen by Dr. Labatt, who had in several instances kindly interested himself in her behalf. As I was anxious to ascertain the condition of the passages, I prevailed on her to submit to an examination, but could discover no vestige whatever of the artificial anus; nor could I discover any thing very peculiar in the feel of the parts, except a knob-like projection at the pos-

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\* The contraction of the passages, naturally consequent on delivery, has, it is likely, contributed to the complete obliteration of the artificial anus.

terior part of the Vagina, where, I presume, this aperture had existed.

Regarding the state of the bladder, it may be proper to mention that a variety of contrivances have been from time to time employed, with the view of relieving her from the painful and distressing necessity of a constant efflux of the urine, (as also of the fœces while they continued to pass by the Vagina,) but that she has been obliged to discontinue them all after a time, in consequence of their fretting and excoriating the passages.\* She ultimately found that thick folds of fine linen applied to the external parts, and secured by a T bandage and tight elastic drawers, contributed most to her relief.

From a review of the entire of the preceding

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\* The gum elastic bottle recommended by Mr. Barnes, of Exeter, in an early volume of the Medico-Chirurgical Transactions, was tried, but this she was also obliged to give up. The truth appears to be with regard to this contrivance, that if distended sufficiently, so as to make the necessary degree of pressure on the parts, it excites constant contractile efforts in the Vagina, until it is at length expelled ; and if we do not distend it sufficiently, it is obvious it can be of no benefit whatever. I have tried it on several occasions, and have prepared it as accurately as possible according to Mr. Barnes's directions, but in every instance experienced the difficulty to which I have alluded.



very remarkable history, the following conclusions appear to me fairly deducible :—

First. That a case of lacerated Vagina, even though it be accompanied with a rupture of the bladder, together with the loss of a considerable portion of intestine, cannot be considered as a necessarily fatal occurrence.

Second. That life may be prolonged, and the system be properly nourished, notwithstanding the loss of nearly four feet of the *small* intestine.\*

Third. That in such a case, the loss of absorbent surface is compensated for by an increased demand for food, as also by the patient selecting those articles of diet which afford most nutriment in a given bulk.

Fourth. That, notwithstanding the increased desire for food, less nutriment is taken at any

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\* I have within these few days submitted this portion of intestine to Mr. John Shekleton, Demonstrator of Anatomy to the Royal College of Surgeons; and in a written communication with which I have been favoured by that gentleman, he states, that, after a careful and attentive examination, he has no doubt whatever of its being *small* intestine; and that, from the entire absence of *valvulæ conniventes* and villi on its mucous surface, he considers it to be a portion of the Ilium, near to its termination.

one time; a kind of continued sympathy appearing to be established between the stomach and small intestine, in consequence of which the supply is proportioned to the diminished extent of surface afforded for absorption.\*

Fifth. That aliments pass from the stomach, not in the order of their admission into that cavity, but according to their greater or lesser nutrability; those substances that afford least nutrition passing first, while those which afford most are retained a longer time.

Sixth. That fat may be deposited in considerable quantity under the integuments of the body, although the large intestine, which has been supposed to be the laboratory where this substance is formed, has been in a state of complete inactivity.

Seventh. From the length of time the fœces were retained in the large intestine, it affords a striking and convincing proof that they do not consist, as has been supposed, of the residue of our

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\* Nutritive substances are also found to be more readily absorbed when taken in small quantities at a time, than when presented in more considerable quantities, as is exemplified in the universally good condition of cooks, and their attendants.—See *Paris's Pharmacologia*, p. 153.



food in a state approaching to putrefaction ; but that so long as they are retained in the body, the vital changes which they undergo preserve them from decomposition.

Eighth. That an artificial anus, not the consequence of a strangulated hernia, may become completely obliterated, and the fœces resume their natural healthy track.\*

Ninth. That the changes naturally consequent on gestation and parturition, so far from interfering with the process of obliteration, appear rather to accelerate its progress.

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\* According to Professor Scarpa, the possibility of effecting the radical cure of an artificial anus is materially influenced by the cause which has given rise to it. If it has been the consequence of a strangulated hernia, Scarpa conceives that a membranous, funnel-like production, the base of which corresponds to the intestine, is formed out of the remains of the hernial sac, and which in fact serves as a kind of substitute for the portion of the bowels destroyed by gangrene. But if the artificial anus has been the consequence of wounds, or other causes, the fœcal matter having no intermediate cavity by which it can pass from the superior to the inferior extremity of the gut, they continue to flow through the fistulous opening, and thus perpetuate the evil through life. The accuracy of this view of the subject has lately been called in question by M. Breschet, in a paper contained in the second volume of the *Journal for Foreign Medicine*. Several cases of inguinal and crural hernia are there adduced, in which, on dis-

## CASE II.

*Rupture of uterus - Recovery* —

MARY KELLY, aged about 20, was admitted into the Lying-in Hospital on the 11th of September, 1821, in labour of her second child. Her pains continued severe, and with little interval, until six o'clock the following morning, when they suddenly ceased, and she had some hæmorrhage from the Vagina; the head receded, and on pressing over the pubis, where she complained of severe pain,

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section, no such membranous production as that described by Scarpa could be detected; the extremities of the gut being found in precise contact with the lips of the wound. Mr. Breschet also states that he has seen several instances, where an artificial anus, arising from wounds, and other causes, besides a strangulated hernia, has closed up, and the fœces have altogether passed by the natural channel.

It may not be irrelevant to notice here a contrivance lately recommended by M. Dupuytren, for the purpose of destroying the interintestinal septum, which he conceives to be the principal cause of the two orifices not retracting so as to be opposed to each other. It consists of a kind of forceps, termed an enterotome, one blade of which is separately introduced into each end of the gut, and by means of the action of a screw placed at the extremity of the branches, they are gradually approximated, and the degree of pressure regulated. I am not aware that this instrument has ever been employed in these countries; and indeed from the very distressing and alarming symptoms which it occasioned in many of the cases where Dupuytren employed it, it is not, I imagine, likely ever



the child could be distinctly traced through the abdominal coverings. Her countenance was pale and ghastly, with a peculiar death-like expression,\* and she had some vomiting. The head was perforated, and the delivery accomplished with considerable difficulty, owing to some deformity in the bones of the pelvis. The placenta was removed without any trouble; a large gush of

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to come into general use. In one instance in particular, (the case of Felix Feuillet,) the patient expired on the nineteenth day after the instrument was employed, having suffered during this time a train of the most distressing symptoms. Mr. Travers appears to consider every interference of this kind not only as unnecessary but absolutely injurious. "In this operation," observes this distinguished writer, "nature will not be hurried: every attempt to anticipate her, is attended with imminent risk, and the ultimate stage of the process, the obliteration of the artificial anus, is soonest and most safely accomplished, where the primary evacuation is encouraged." Mr. Travers further informs us, that once the fœces have begun to recover their accustomed route, we may look with confidence to the result, and that the disappearance of this afflicting malady may in some degree be hastened by the occasional administration of purgatives and injections.

\* Perhaps as an individual symptom, there is none on which so much reliance can be placed as the expression of the countenance. There is a peculiar wildness of the eye, a leaden, livid tinge of the features, with an expression of great lassitude and exhaustion, that would lead a person who has seen even a few cases, at once to pronounce as to the nature of the accident.

blood having followed its extraction ; and, on introducing the hand into the Vagina, a considerable rent was discovered at the anterior part of the cervix uteri, through which the abdominal viscera could be distinctly felt. The body of the Uterus was found firmly contracted, like a large ball, at the back part of the pelvis. After delivery, she got some wine, and an opium pill, which procured her some sleep. Her pulse was low and weak, but she had no return of vomiting, and made little complaint except of pain in the region of the Uterus. She was stuped, and took some purging pills with effect.

13th. A good night ; p. about 100 ; lochia natural ; bowels free ; soreness in the region of the Uterus continues ; complains of a large tumour at the bottom of her stomach, which she says falls from one side to the other when she turns in bed. Applicentur : hirud. 40 ; pil. purg. ad effect.

14th. Abdomen soft, and less tender ; but there is still considerable soreness over the pubis : had some sleep during the night ; mammæ flaccid. Applicentur : hirud. 20 ; mist. purg. ad effectum.

16th. Has passed a tranquil night ; p. 104 ; soreness of belly diminished ; countenance improved ; has lost its languid, cadaverous cast ; a



copious discharge of purulent matter from the Vagina ; no return of vomiting.

17th. Continues to mend in every respect ; mammæ distended with milk ; purulent discharge from the Vagina abundant, particularly while sitting up in bed. Decoct. cinchonæ c. acid. sulph. dil.

From this period she amended progressively, and in about ten days was discharged, free from ailment. She returned to the hospital in about three months, at Dr. Labatt's desire, and was at that time, to all appearance, in the enjoyment of perfect health.

I should have mentioned that this woman's first child was removed by the crotchet, after she had been three days in severe labour.

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The following cases are introduced with the view of illustrating the symptoms, as well as the general situation of this accident. The majority of them occurred in the Lying-in-Hospital of this city, during my residence in that institution, and are extracted from the ward-books, precisely as they are there detailed.

## CASE III.

ANNE WALSH, admitted January 9th, 1819, into ward No. 10, in labour of her third child, a boy: had been ill under care of a midwife for several days previous to admission. On the morning of the 10th, having spent a very restless, uneasy night, she felt something give way internally, ("crack within her," as she said) when she was instantly attacked with alarming weakness, great anxiety, and embarrassed breathing. She had some vomiting, complained much of her belly, and her pulse was scarcely to be felt: she had, however, no hæmorrhage from the Vagina, and the presenting part did not recede. In attempting to perforate the head, the child slipped back beyond the reach of instruments; it was then turned, and delivered by the feet. The placenta was found lying loose in the Vagina, and required but little extracting force. She died on the following day; and on examination, the Uterus was found ruptured at the posterior part, near its junction with the Vagina. The rent was concealed for some time by a layer of coagulated blood, which was spread over the edges; about a naggin of bloody serum was found effused in the abdomen, the viscera of which bore evident marks of inflammation. This woman's

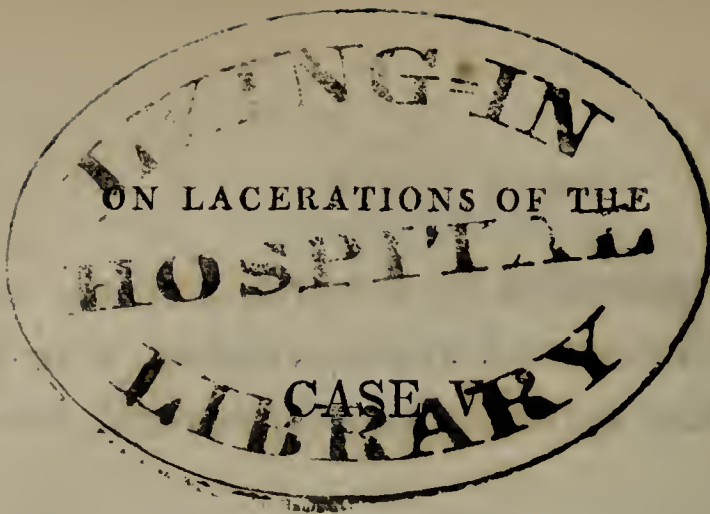


first child presented by the arm, and she was delivered of her second by the crotchet, after having suffered most severe labour for several days.

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#### CASE IV.

**BELL SMYTH**, admitted October 22nd, 1821, in labour of her sixth child, a boy. After several hours' severe labour, her pulse became quick, the abdomen excessively tender, and the action of the Uterus was observed to decline. The head was perforated, and delivery accomplished by the crotchet. She made little or no complaint from the time of delivery to her death: there was very little local distress, but excessive debility, which gradually increased until she expired. On opening the abdomen, a sloughy aperture about the size of a shilling was discovered in the left side of the Uterus, an inch *above* the os tincae, and which was found to communicate with an extensive coagulum, effused between the layers of the broad ligament. There was no effusion into the cavity of the abdomen, and the viscera were free from inflammation. Nothing could be learned of this poor woman's history.



ALLEY BOYLAN, admitted December 21st, 1821, into ward No. 12, in labour of her *first*\* child, a girl. After thirty hours' severe labour, the os uteri was found prolapsed as low as the external parts, being at the same time very thin, and dilated to about the size of a half-crown piece.† Suddenly a sen-

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\* Lacerations of the Uterus and Vagina rarely occur in cases of first children, although from the labour being usually more severe and protracted, we might, *a priori*, suppose that they would be more likely to take place on this than on any subsequent occasion. Hence it is probable, that in the majority of cases the structure of the parts has been so weakened, either from the effects of former labours, or by the use of instruments, as to lay the foundation for this accident. In some instances, it is not improbable but that cicatrices may have formed in the passages, and that on being exposed to pressure they become inflamed, and give way.

† In some cases the mouth of the womb dilates, as it were, with considerable reluctance, while the body of that organ continues to act with great vigour. In this way it happens that the cervix of the Uterus is forced down before the head of the child, during its descent through the pelvis, giving very much the feel, particularly if we make a hasty examination, as if it were the scalp of the infant. In several of these cases I have found the os uteri high up at the back part of the pelvis, with a sharp, well-defined edge, and so small as barely to admit the extremity of the finger. By passing the finger



sation of something having given way was felt, which was immediately followed by a severe convulsive fit. The pupil in attendance says he distinctly heard a smart crack at the time of the accident. She was bled largely, but the fit was repeated with increased severity while the blood was flowing. Delivery by the crotchet was now deemed advisable; but during the operation she had a third fit, and another in about an hour after. The child and placenta having been removed, a laceration was found to have taken place in the cervix of the Uterus, extending round for about two-thirds of its circumference. This poor woman suffered much from repeated attacks of peritonitis, combined with dysenteric symptoms, and she died on the 9th of January, apparently from exhaustion. She was removed by her friends, who would not allow the body to be examined.

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freely round, however, particularly at the anterior part of the tumour, we will find it arrested by the angle which the Uterus forms with the Vagina; and this appears to me the most decisive mark of distinction. The feel of the parts is very deceptive, and cannot be altogether relied on; particularly where they are thickly bedewed with mucus. In the 11th volume of the Medico-Chirurgical Transactions a case is related by Mr. Scott, of Norwich, in which the Uterus becoming prolapsed in the way I have mentioned, a considerable portion of it became detached during labour. The woman was instantly delivered by the forceps of a living child, and had a perfect recovery.

## CASE VI.

ANNE BOHEN, pregnant for the *first* time, was received into ward No. 12 on the 5th of October, 1820. On admission, this poor woman's pulse could scarcely be felt; she had incessant vomiting, and her countenance was pallid and anxious. The abdomen was excessively tender, so that we were unable to ascertain whether any part of the infant presented under the parietes. On examination per vaginam, the head was found low in the pelvis, there being no appearance of want of room in that cavity. She was delivered by the crotchet of a full-grown male child, with tolerable facility; but the vomiting continued incessant, notwithstanding the free use of opium, wine, and anodyne injections, and she died about ten o'clock the following night. She was removed by her friends, who would not permit the body to be examined; a circumstance we regretted very much, as, from the very tender state of the passages, we were unable to make a satisfactory examination after delivery. Little could be learned of her history, except that she had been ill about sixteen hours before admission, under care of a midwife, when the pains suddenly went off, and she was seized with vomiting, soreness of the abdomen, and other symptoms already detailed.



## CASE VII.

ELIZABETH LAWLER, admitted January 1st, 1820, in labour of her *first* child, a boy. The face, at the time she came into the hospital, presented high up in the pelvis; in about twelve hours, however, it descended so low as nearly to press on the perinæum, when she was attacked with vomiting, soreness of belly, quick pulse; her breathing became hurried, and her countenance pallid and death-like. Shortly after, she had a pretty smart attack of hæmorrhage from the Vagina, but the presenting part did not recede. The cranium having been perforated above the left orbit, was removed by the crotchet, but required very great extracting force, owing, as we afterwards ascertained, to a considerable projection of the sacrum and last lumbar vertebra. The placenta was found low down in the Vagina, and was readily removed. On introducing the hand after delivery, an extensive laceration was discovered in the cervix of the Uterus, opposite to that part of the pelvis in which the deformity was found to exist. In a few hours the abdomen became swelled, and excessively tender; she vomited incessantly, being unable to retain the mildest articles of diet

on her stomach ; her pulse became feeble and intermitting, and she died on the 4th instant. We could not obtain permission to examine the body.

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### CASE VIII.

CATHERINE PHILLIPS, admitted January 4th, 1820, into ward No. 1, in labour of her second child. Had very severe, tedious labour with her first, but had, notwithstanding, a favourable delivery. On admission, her pains were trifling and ineffectual, making no impression whatever on the head, although the Uterus and external parts were fully dilated. The funis came down along with the presenting part ; and all pulsation having ceased for some time, at the end of forty-eight hours she became greatly exhausted, and was removed to the couch for the purpose of being delivered, when suddenly she felt something give way within her, and the child was found to have escaped into the cavity of the abdomen through a large rent in the anterior part of the cervix uteri. She was delivered *per vias naturales*, but she died in ten hours after the accident. She was removed by her friends, who would not permit an examination of the body.



## CASE IX.

ELIZA HARVEY, admitted October 12th into ward No. 3, in labour of her second child. After about ten hours' pretty smart labour, the pains declined, she was attacked with severe vomiting; her pulse became small and quick, her countenance had a pallid, cadaverous appearance; some hæmorrhage took place from the Vagina, and the head slightly receded. She was delivered by the crotchet with tolerable facility, pressure being made on the abdomen so as to prevent the retiring of the presenting part. Shortly after delivery the belly swelled up, and became exquisitely tender; she had incessant vomiting, with quick pulse, and she died on the third day from the time of the accident. On examination, an extensive laceration, with ragged unhealthy edges, was found to have taken place at the posterior part of the Vagina, near its junction with the Uterus, and a considerable quantity of fluid blood was found effused in the abdomen. The viscera and peritonæum were highly inflamed, and the intestines, in many places, glued together by patches of coagulable lymph. The body of the Uterus was contracted as much as it usually is at so early a period after delivery, and appeared to be perfectly healthy.

## CASE X.

IN the month of November, 1821, a poor man applied to the Lying-in-Hospital, between three and four o'clock in the morning, entreating that some person might be sent to visit his wife, whom he stated to be in a most alarming condition from loss of blood, which attacked her during labour. With as little delay as possible I accompanied him, and on my arrival I found a wretched object, stretched on a pallet of straw in one of those damp and cheerless cellars with which this city abounds. She lay on her back, with her arms extended and knees drawn up; her face had a leaden, cadaverous appearance, with a peculiar expression of anxiety, as if she had suffered from excessive fatigue or long fever. The abdomen was hard, unequal, and exceedingly tender to the touch; she had a small, thready pulse, and her extremities were quite cold. The hæmorrhage by this time had ceased nearly altogether; but it was obvious she must have lost a considerable quantity of blood, as the straw all about her was thickly matted together with the clots. On making an examination per vaginam, I found the head rather low in the pelvis, but could not at this time discover any laceration. Having no doubt, however, on my mind about the nature



of the case, I gave her some wine, and hastened back to the hospital in order to procure the necessary instruments for delivery, desiring her, in the mean time, to be kept as quiet and as free from disturbance as possible. I had not, however, been absent many minutes, when the people about her becoming impatient, resolved, notwithstanding my injunctions, on carrying her to the hospital; and on my return, my attention was attracted by a crowd in Mary-street; on approaching which I found the unfortunate woman, supported between the watchman, her husband, and a number of unfortunate women of the town, who, conceiving her to be merely in a faint, were endeavouring to make her swallow some whiskey. I begged of them to desist for a moment, in order that I might see what state she was in; but, to my great horror, she was cold and lifeless.\* The lamentations of this poor

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\* During my residence in the Lying-in Hospital, I had an opportunity of witnessing three melancholy cases, in addition to the one I have been relating, in which sudden death was occasioned by placing women who had suffered severely from uterine hæmorrhage in an upright position. In two of these, the placenta presented over the os uteri; the women had been flooding at their own houses for more than a week, when their friends becoming impatient at their not getting better, placed them on common cars, in a sitting posture, and sent them to the hospital; but before their arrival at the gate, life had become extinct. The third instance was attended with very painful and distressing circumstances. A respectable young

woman's husband, on finding that life was extinct—the kind and tender sympathy displayed by the unfortunate beings that surrounded her—the stiffened corpse of the wretched woman, who had just expired undelivered—all combined to render this one of the most melancholy scenes I had ever witnessed. I had her conveyed to the hospital by the watchmen, where the body was examined on the following day in the presence of Dr. Labatt, the Master; Mr. Whitestone, resident Assistant; and several of the pupils.

On cutting into the abdomen, nearly a pint of bloody serum, mixed with coagula, was found effused among the viscera. An extensive transverse rent with livid irregular edges was discovered in the anterior part of the cervix uteri, extending nearly two-thirds round, through which the shoulders and back of the child were protruded, the head having

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woman, the mother of several children, was seized with labour pains on her way to the hospital, and had hardly time to obtain admission into a house, when her infant came to the world. She had some weakness, after delivery, from loss of blood; but the placenta was thrown off without assistance. In this state, without a binder or bandage of any kind being placed round her, she was inadvertantly placed in a sedan chair, and sent to the hospital; but on opening the door of the chair, the floor of which was covered with blood, she was found with her head resting on her hand, stiff and lifeless.



remained stationary in the pelvis. All the abdominal viscera were perfectly healthy, and the pelvis appeared sufficiently capacious. I could learn but little of this woman's history, except that she was the mother of several living children, with all of whom she had protracted, but not severe labours.

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### CASE XI.

**THURSDAY**, August 17th, 1821, I was requested to visit Mrs. B——, of Upper James's-street, who was stated to be in a dying condition, in consequence of some alarming accident that had occurred during labour. I instantly accompanied the messenger, and, on entering the patient's apartment, I found her supported on a chair, between her husband and the midwife who had charge of her. Her face was livid and ghastly; her eyes glassy and fixed; there was no pulse at the wrist; her extremities were cold; and in about ten minutes after my arrival she gave a few convulsive sobs, and expired. The history of her case was as follows:— She was taken in labour of her third child about six o'clock the preceding evening; her pains at first were trifling, and recurred at distant intervals; towards morning,

however, they became so violent, and returned with such frequency, that the midwife became alarmed for her safety, and desired that further assistance should be procured. A medical gentleman was accordingly sent for, who, finding on his arrival that the head was low in the pelvis, and that every pain advanced it more or less to the world, determined on waiting the efforts of nature for some time longer. At seven, A. M., having previously become very restless and uneasy, tossing from one side of the bed to the other, she was suddenly attacked with a violent cramp in the abdomen, and from this time her labour pains ceased nearly altogether. She had, however, no hæmorrhage from the Vagina, and the presenting part did not recede. In a short time she was attacked with alarming weakness; she vomited, and begged to be taken out of bed; and, in about two hours from the time of the accident, she died undelivered. The body was examined soon after death, in presence of Mr. Plant, at that time resident Apothecary in Stephens's Hospital. On opening the abdomen, the gravid Uterus presented itself to view, being quite entire at its anterior part; on turning down the fundus, however, over the pubis, a large transverse rent was discovered opposite to the promontory of the sacrum, which, it was observed, formed with the last lumbar vertebra a very acute, well-defined angle. On re-



moving a large clot of blood which for some time obscured the laceration, the abdomen of the child, with a loop of the cord, were found pressing through its lips. The abdominal viscera were all healthy, and were observed to lie principally on the right side ; some blood was found effused, but apparently not sufficient to account for death.\* On making a longitudinal section of the Uterus, the infant was found doubled back on itself, the heels being nearly in contact with the inferior angle of the scapula. The placenta was attached to the upper extremity of the Uterus, and was readily detached, the adhesion being as if made with soft paste or thin jelly ; several bloody clots ap-

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\* The cause of Death, in ruptures of the Uterus, it would in many cases be difficult to explain. The quantity of blood found effused among the viscera rarely exceeds what a woman would lose after a natural delivery, and that with a sudden gush. The fact is, the blood extravasated on those occasions consists for the most part of that which had circulated through the impregnated Uterus, a loss the woman can in most instances bear with impunity. After this has escaped, I believe the lips of the wound yield hardly any blood. By some writers the inflammation of the peritonæum has been supposed to occasion death, but in several instances, on dissection, the abdominal viscera and peritonæum were found perfectly healthy, besides that the patient often sinks before this formidable disease has had time to set in. I recollect on one occasion the woman expired instantly on the Uterus giving way, although not more than a naggin of blood was lost, and the bowels were found altogether free from morbid appearance.

pearing on the denuded surface. A portion of the womb, to which the placenta adhered, was cut out; but its edges were not thicker, nor did it appear more vascular, than any other part of this organ. The Uterus and Vagina formed one uninterrupted cavity, without any line of distinction whatever. The pelvis measured, from the sacrum to the pubis, not more than three inches and a quarter, and appeared to be much contracted in every way.

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## CASE XII.

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③ ELLEN GAYNOR, admitted into ward No. 12, in labour of her seventh child, a girl; the waters having been discharged for twelve hours. She states that all her former labours have been extremely tedious and severe; but that she has had several living children without artificial aid. At five o'clock in the afternoon she was found going on as well as could be desired, the head gradually and slowly advancing through the pelvis. At eight P. M., however, on again visiting the ward, the nurse informed me that she had been removed from the couch, as her labour pains had gone off. On going to her bed-side, I found her breathing with great difficulty; her pulse was hurried and indistinct; she had a pallid, anxious countenance;



the abdomen was excessively tender, and she complained of the child having risen to her stomach. These symptoms indicating satisfactorily the nature of the case, the head was opened, and the infant extracted by the crotchet. The placenta was readily withdrawn, and was followed by a gush of blood mixed with large clots. She vomited incessantly the entire night, and died about four o'clock the following morning. The body was examined a few hours after death. The abdomen was tumid and puffy; and on dividing its parietes, a considerable quantity of foetid air rushed out. The body of the Uterus, which was firmly contracted, and of a healthy appearance, was nearly altogether separated from the Vagina, being merely retained by a slender shred on the left side; the edges of the laceration were ragged, and had a bruised, livid appearance. The pelvis measured, from sacrum to pubis, three inches and a half; from the sacrum to the apex of the coccyx, five inches. The oblique diameters, from the sacro-iliac synchondrosis to the pubis, measured four inches and a quarter.

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### CASE XIII.

A POOR woman, whose name I have omitted to preserve, was brought into the hospital on the 15th of November, 1821, about the eighth month

of pregnancy, in consequence of having fallen on the flags while returning home with a pail full of water. Her countenance was sunk and pallid; she had a quick, small pulse; complained of great prostration of strength; and the abdomen, in which an evident fluctuation could be distinguished, was exceedingly tender to the touch. She had no labour pains; but the os uteri was somewhat dilated, and a slight discharge of blood had taken place from the Vagina. She lingered for some days in a state of extreme wretchedness, when death put a period to her sufferings; and on opening the body, the Uterus was found ruptured at its fundus, in a direction from before backwards. The child was found in the cavity of the abdomen, with the head resting on the right ilium, the breech being lodged under the liver. The peritonæum, throughout its entire extent, was much inflamed; and the viscera, particularly the jejunum, ilium, and right extremity of the colon, were covered with shreds of soft lymph, which were readily removed by the finger. Large masses of coagulated blood, together with about a quart of bloody serum, were found effused among the bowels. The rent through which the infant had escaped was so much contracted, as barely to admit two fingers. The pelvis appeared sufficiently capacious, and in every respect well formed.

THE END.